

**NEW YORK STATE OFFICE FOR THE AGING**

2 Empire State Plaza, Albany, NY 12223-1251

Andrew M. Cuomo, Governor

Greg Olsen, Acting Director

An Equal Opportunity Employer

**INFORMATION MEMORANDUM**

**Number 11-IM-02**

**Supersedes**

**Expiration Date**

DATE: May 26, 2011

TO: Area Agencies on Aging Directors

**SUBJECT: Cultural Competence Review**

**PURPOSE:**

The purpose of this information memorandum is to transmit the Cultural Competence Review (CCR), a tool to support cultural competence assessment and programmatic change. The CCR was recently developed for the State Office for the Aging to help train key staff. We are sharing this information with the Area Agencies on Aging (AAAs) to assist them in developing their needs assessment and Four Year Plans. The CCR is an approach to eliminating culturally based disparities experienced by older adults in New York. It can help AAAs assess their current level of cultural competence and offers concrete methods for AAAs to guide outreach, engagement and service delivery improvements.

**BACKGROUND:**

The New York State Office of the Aging (NYSOFA) is committed to assist the (AAAs) to fulfill the requirements of federal and state laws and regulations regarding equal access to services for groups historically affected by discrimination and other social and economic factors, including those who have limited English proficiency (LEP). Cultural and Linguistic Competence is essential to ensuring service delivery to older adults is inclusive and meets the needs of those in greatest social and economic need. Demographic changes related to culturally and linguistically diverse older American populations require a more fine-tuned cultural lens in order to provide competent services. As New York's older population has grown more diverse, our services also continue to evolve to better serve people of diverse cultures. The CCR process of information exchange, interpretation and application of knowledge should significantly influence the direct practice of AAAs and subcontractors. The CCR was developed to assist AAAs to assess their current level of cultural competence as an approach to eliminating culturally based disparities experienced by older

adults in New York State. Programs must develop the skills and practices that will enhance services to ensure effectiveness for any older adult, no matter their location, service type, or cultural group. At its core, cultural competence is an evolving process and this document is representative of an evolutionary approach towards programmatic and system change. The CCR approach offers a beginning step in helping AAAs assess the extent to which they have acquired, translated and applied accurate knowledge and information about the culture(s) of the older adults of their county. These perspectives should resonate in AAAs' visions, policies, skills, services, program approaches, techniques and operating procedures. The values of being strength-based and culturally competent need to become clearly evident in actions, language and attitude throughout the AAAs.

Over the past year, NYSOFA has worked with the federal Administration on Aging (AoA) to develop a basic Cultural Competence and Diversity Training. The first training was delivered through a statewide Webinar in November, 2010, to our Aging Services Network. We are now at the point where more in-depth and specific training is necessary on the practical application of cultural competence skills to the planning and development of services to meet the needs of diverse communities.

Next steps planned by NYSOFA:

- Revision and reissuance of 92-PI-30 on Targeting.
- Development of a Technical Assistance Memorandum (TAM) after the above PI.
- Delivery of regional training for AAAs and subcontractors.

\*Note:

The Cultural Competence Review document was developed by Cathy Cave and Michael Johan, of the "Unlimited Mindfulness" Consulting Group, through a grant by the Governor's Office of Employee Relations (GOER). The AoA's *Toolkit for Serving Diverse Communities* was used as the basis for customizing the attached Review document as a first step in the Cultural Competence Assessment process for NYSOFA and the NY Aging Network service providers.

PROGRAMS AFFECTED:       Title III-B       Title III-C-1       Title III-C-2  
 Title III-D       Title III-E       CSE       SNAP       Energy  
 EISEP       NSIP       Title V       HIICAP       LTCOP

Other:

**CONTACT PERSON:**  
 Carol Bradwell

**TELEPHONE:**  
 (518) 473-7342

# Cultural Competence Review



**New York State Office of the Aging**  
2 Empire State Plaza  
Albany, New York 12223-1251  
<http://www.aging.ny.gov>

Copyright © 2011 by the New York State Governor's Office of Employee Relations

## Introduction

New York State Office of the Aging is committed to becoming culturally competent. Demographic changes related to culturally and linguistically diverse older American populations require a more fine-tuned cultural lens in order to provide competent services. As New York's elder population has grown more diverse, our services also continue to evolve to better serve people of diverse cultures. The Cultural Competence Review (CCR) process of information exchange, interpretation and application of knowledge should significantly influence the direct practice of funded agencies.

The CCR was developed to assist agencies and programs to assess their current level of cultural competence as an approach to eliminating culturally based disparities experienced by elders in New York State. Programs must develop the skills and practices that will enhance services to ensure effectiveness for any elder, no matter location, service type, or cultural group belonging.

At its core, cultural competence is an evolving process and this document is representative of an evolutionary approach towards programmatic and system's change. The CCR approach offers a beginning step in helping agencies to assess the extent to which the organization has acquired, translated and applied accurate knowledge and information about the culture(s) of the elders of their county. These perspectives should resonate in agency vision, policies, skills, services, program approaches, techniques and operating procedures. The values of being strength-based and culturally competent need to become clearly evident in actions, language and attitude throughout the organization.

## 5 Key Competencies for Culturally Competent Services

These five foundational competencies identify the key elements considered essential for culturally competent services. They provide a framework for integrating suggested content and learning experiences into existing services.

- Competency 1:** Apply knowledge of social and cultural factors that affect Older Americans across multiple contexts.
- Competency 2:** Use relevant data sources and best evidence in providing culturally competent care.
- Competency 3:** Promote safe and quality outcomes for diverse elder populations.
- Competency 4:** Advocate for social justice, including commitment to vulnerable populations and the elimination of disparities.
- Competency 5:** Participate in continuous cultural competence development.

# Level 1 Indicators

## Review of Culturally Competent Services for Older Americans

Date \_\_\_\_\_ County/Program \_\_\_\_\_

Reviewer \_\_\_\_\_ AAA Representative \_\_\_\_\_

**Organization** – The AAA’s commitment to cultural competence is known and understood by all staff and stakeholders.

Indicator	Yes	No	In Progress
1. Commitment to cultural competence is included in the AAA’s mission, vision, policies and procedures.			
2. The AAA has made accountability for cultural competence part of at least one person’s job duties.			

**Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Administration** – The AAA’s leadership is committed to diversity and equity in all facets and levels of the organization.

Indicator	Yes	No	In Progress
1. Staff reflects the cultural, racial and language diversity found in the service populations.			
2. There is a designated budget for Limited English Proficiency (LEP) supports.			

**Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Board, Staff and Volunteer Development** – All agency board, staff and volunteers have knowledge and skills in cultural competence.

Indicator	Yes	No	In Progress
1. Training includes methods to competently identify LEP situations, provide meaningful language access assistance that meets legal requirements, skill building to work with qualified interpreters and use of translated documents.			
2. Training includes skill building to increase outreach and effectiveness with diverse groups.			
3. Training includes activities to highlight the impact of bias and stereotyping on service delivery.			

**Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Targeted Populations** – The targeted populations are consistently monitored for the purpose of reducing barriers and creating relevant programs, policies, procedures and practices.

List the target populations that the AAA is currently serving - \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Indicator	Yes	No	In Progress
1. There are tailored outreach strategies or services designed and implemented for each of the groups identified above.			

**Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Environment** – The AAA’s environment reflects and represents the diversity of the community it serves. The environment is barrier-free and relevant for the diversity of the community it serves.

Indicator	Yes	No	In Progress
1. Pictures, posters, and materials are welcoming and are reflective of the interests and experiences of diverse groups present in the community served.			
2. Printed materials found in public areas such as magazines and program information are current and take literacy challenges and large print needs into account.			
3. Program spaces are fully accessible according to ADA mandates.			

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Data Use** – Data is used by AAA to ensure that services are aware of, and responsive to, the needs of the diverse communities they serve.

Indicator	Yes	No	In Progress
1. Information is used to determine which target populations are the focus for service development.			
2. Service data is used to track outreach effectiveness and service continuity, e.g. drop outs, no shows, etc.			
3. There is clear indication of target groups the agency is successfully reaching.			
4. The AAA is aware of which target groups are over represented in the current service population as compared to their presence in the community at large.			
5. The AAA is aware of which target groups are under represented in the current service population compared to their presence in the community at large.			

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Community Involvement** – The AAA seeks out community input and includes the community to create and evaluate services that are relevant to, and valued by, elders and caregivers.

Indicator	Yes	No	In Progress
1. Formal and informal relationships are developed with community partners that serve elders, e.g. immigration services, spiritual providers, ethnic communities, cultural centers, healthcare providers, behavioral health services, food pantries, family services, etc.			
2. The Advisory Committee has representatives from diverse local constituencies, each target population, and people who use services.			
3. There is clear indication of how the Advisory Committee’s input has been incorporated by the AAA.			

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Engagement and Service Delivery**– All communication and planning is respectful of the person being served.

Indicator	Yes	No	In Progress
1. Intake processes include gathering cultural information about what is important to the elder or caretaker being served, e.g. how people self-identify, traditions, beliefs, foods they eat, family connections, community connections, existing supports, etc.			
2. Individual service planning includes attention to what elders believe about what is helpful, who is helpful, and where it is acceptable for them to go for help, e.g. faith healers, folk remedies and, alternative and complementary services, etc.			

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Language Access Services** – All participants are receiving all materials and services in their preferred language.

Indicator	Yes	No	In Progress
1. There is accountability for staff to know and implement AAA's processes for language access services provision for people with Limited English Proficiency.			
2. At first contact elders are informed in their own language, verbally and in writing, of their right to receive language assistance services at no cost to them.			
3. There is an established process to identify the need and obtain qualified interpreter services or bilingual staff at first contact for elders and caregivers who have limited English Proficiency.			
4. There is accurately translated documents and office signs for elders and caregivers who have Limited English Proficiency.			

**Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Evaluation** – All programs and services are evaluated for their effectiveness in eliminating culturally based disparities and in delivering culturally competent services.

Indicator	Yes	No	In Progress
1. Participants are integral to developing and participating in evaluation processes.			

**Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Promising Practices Noted**

<b>Domain</b>	<b>Specific Population</b>	<b>Practice</b>



# Level 2 Indicators

## Organization

Indicator	Yes	No	In Progress
1. There is a cultural competence plan or cultural competence is included in the agency strategic plan.			

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Administration

Indicator	Yes	No	In Progress
1. Personnel Policies include accommodating factors that ensure an equitable workplace, e.g. same sex relationship benefits, anti-discrimination and sexual harassment policies.			
2. There is a process for reviewing all policies, procedures and practices that would inhibit or prohibit equitable participation by any elder.			

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Board, Staff and Volunteer Development

Indicator	Yes	No	In Progress
1. Training includes activities to increase knowledge and understanding about beliefs, experiences, values and resources of target groups present in the AAA's community.			
2. Representatives from diverse community groups are actively engaged to participate in planning and presentation of training.			

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Targeted Populations

Indicator	Yes	No	In Progress
1. The AAA is aware of the target groups not effectively served and has a plan to engage communities and cultural brokers to improve services to these populations.			

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Environment

Indicator	Yes	No	In Progress
1. All program materials are reviewed for cultural relevance, language accessibility and literacy by the elders being served, staff and community stakeholders.			

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Data Use

Indicator	Yes	No	In Progress
1. Planning has occurred to address over-represented and under-represented target groups.			
2. Data and community knowledge are used to determine emerging elder population changes and trends.			
3. The AAA has a plan to discuss and address current trends.			

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Community Involvement

Indicator	Yes	No	In Progress
1. The Advisory Committee's (AC) barriers to engagement of representatives from target populations are identified and addressed, e.g. LEP services as needed.			
2. The Advisory Committee is encouraged and empowered to focus attention on cultural competence, creation of culturally responsive services, and concerns related to Limited English Proficiency, e.g. AC assists with recruitment of qualified diverse staff, materials review.			

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Engagement and Service Delivery

Indicator	Yes	No	In Progress
1. Cultural information is incorporated into individual service planning as strengths and resources and is considered in individual service related decision-making and goal setting, e.g. spiritual affiliations, types of meals offered or delivered, Senior Center activities offered, etc.			

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Language Access Services

Indicator	Yes	No	In Progress
1. There is a process to identify the languages commonly spoken in the community.			
2. There are staff who are fluent in the languages most encountered in the community served.			
3. Limited English Proficiency is considered when notifying the public of services offered by the agency.			
4. There is a process to obtain accurately translated documents in newly encountered languages.			
5. There are community partnerships that support collaboration for provision of language access services; share translated documents, share qualified interpreter resources, share ideas to improve efficiency, share challenges for LEP resource development, etc.			

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Evaluation

Indicator	Yes	No	In Progress
1. In addition to written satisfaction surveys, alternative methods of gaining feedback about service quality are used, e.g. telephone survey, brief exit interviews following service etc.			

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Citations

- Alvarado-Little, Wilma, MA. Medical Interpreter Trainer and Director, Community Outreach and Dissemination Information Core, NIH Center for the Elimination of Minority Health Disparities. Personal Communication. 2011
- Cross, T., Bazron, B., Dennis, K., and Isaacs, M. *Towards a Culturally Competent System of Care Volume I*. Washington, D.C.: Georgetown University Center for Child and Human Development, CASSP Technical Assistance Center. (1989)
- Goode, T., Jones, W., and Mason, J. A Guide to Planning and Implementing Cultural Competence Organizational Self-Assessment. Washington, DC: National Center for Cultural Competence, Georgetown University Child Development Center (2002)
- Goode, T. and Harrison, S. *Policy Brief 3: Cultural Competence in Primary Health Care: Partnerships for a Research Agenda*. Washington, D.C.: Georgetown University Center for Child and Human Development. (2000)
- National Center for Cultural Competence, Georgetown University <http://www11.georgetown.edu/research/gucchd/nccc/orgselfassess.html>
- Farag, Shereen and Smith, J. National Cross–Cultural Mental Health Project. Canadian Mental Health Association, BC Division, September 1997
- Harper, M., Hernandez, M., Nesman, T., Mowery, D., Worthington, J., Isaacs, M., Making Children’s Mental Health Services Successful: Organizational Cultural Competence, A Review of Assessment Protocols. Florida Mental Health Institute, University of South Florida
- National Council on Interpreting in Health Care [www.ncihc.org](http://www.ncihc.org)
- Office of Minority Health. National Standards on Culturally and Linguistically Appropriate Services (CLAS)
- U.S. Department of Health and Human Services. <http://minorityhealth.hhs.gov>
- Ontario Hospitals Anti-Racism Task Force Package: Anti-Racism Organizational Change Self-Assessment Tool. Ontario Hospital Association, Publication #298
- Parikh, Amie, MA., International Cultural Competence Consultant. Personal Communication. 2011
- Planned Parenthood Federation of America, Diversity Continuum: Indicators of Success, 2003
- Siegel, C., Haugland, G., and Davis Chambers, E. Cultural Competency Assessment Scale With Instructions. Nathan Kline Institute for Psychiatric Research. Orangeburg, NY June 2004
- The Center for Excellence in Aging and Community Wellness <http://ceacw.org>, 2011
- U.S. Census Bureau, <http://www.census.gov>
- U.S. Administration on Aging, A Toolkit for Serving Diverse Communities

Developed by: Cathy Cave and Michael Johnan of Unlimited Mindfulness Consulting, LLC  
<http://www.unlimitedmindfulness.com>